

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026968  
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6782

S. 300  
1-57

social, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO</u>				c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY Hosp.</u>				Length of stay in lb <u>2 1/4</u>		d. STREET ADDRESS (If outside, give location) <u>5237 DEVONSHIRE</u>	
3. NAME OF DECEASED (Type or print) <u>EMMETT GANTNER</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>9</u> Year <u>1958</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 19 1905</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED POLICE OFFICER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>VICTOR E. GANTNER</u>				13b. MOTHER'S MAIDEN NAME <u>MARY E. MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>7510</u> <u>VICTOR G. GANTNER, FOREST VIEW</u>	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunsbat wound of skull &amp; Throat</u> DUE TO (b) <u>E9764</u> DUE TO (c) <u>Self inflicted on the mouth w/pt injury of Potting house</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR AFFECTING THE CAUSE OF DEATH (e.g., pre-existing disease, habits, etc.) <u>1958 about 10 am. while suffering from temporary mental aberration</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED (e.g., fall, fire, etc.) <u>Self inflicted on the mouth w/pt injury of Potting house</u>			
20c. TIME OF INJURY Hour <u>1210</u> a.m. Month <u>7</u> Day <u>6</u> Year <u>58</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>			
20f. CITY, TOWN, OR LOCATION <u>St Louis MO</u>				20g. COUNTY <u>MO</u>			
21. I attended the deceased from <u>200 A</u> to <u>—</u> and last saw her/him alive on <u>—</u> Death occurred at <u>—</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Thomas R. Kuter</u>				22b. ADDRESS <u>1300 E. 12th St.</u>			
22c. DATE, SIGNED <u>7/7/58</u>				22d. DATE, SIGNED <u>7/7/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>				23b. DATE <u>JULY 8 1958</u>			
23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>				23d. LOCATION (City, town, or county) <u>ST. LOUIS MO</u>			
24. GENERAL DIRECTOR <u>Thomas Ruter 2906 Harris</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 7 '58</u>			
26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>				26. REGISTRAR'S SIGNATURE <u>m &amp; B.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*James E. Dill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Darrow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.